

UNIT STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>8/23/94</u>		2 Serial/Patent # <u>10-14-94</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing			\$ <u>88.00</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	
		\$ <u>88.00</u>	
8 TO BE REFUNDED BY:			
10 REASON:		<input type="checkbox"/> Treasury Check	
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment		9 <u>06--0916</u>	
<input type="checkbox"/> No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Sharon Zimmerman</u>		TITLE: <u>Legal</u>	
SIGNATURE: <u>[Signature]</u>		PHONE: <u>368-1901</u>	
OFFICE: <u>ONAR</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>[Signature]</u>		DATE: <u>6/20/94</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: